

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 322-1584



Date Issued: February 9, 1996

CMSP LETTER: 96-8

To: All County Medical Services Program (CMSP) County Welfare Directors

Subject: REVISED CMSP NOTICE OF ACTION - BENEFITS RESTRICTED TO
EMERGENCY MEDICAL SERVICES (FORM CMSP 239P, ENGLISH
AND SPANISH VERSIONS)

This letter transmits two camera ready copies of the revised English and Spanish versions of the County Medical Services Program (CMSP) Notice of Action - Benefits Restricted To Emergency Medical Services (form 239P). Counties should use these camera ready masters to produce a prudent supply of these revised forms. Previous revisions of these forms should no longer be used.

If you have any questions about this letter please contact Ms. Genny Fleming of my staff at (916) 327-3867. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Jim Martinez'.

Jim Martinez, Chief
County Medical Services Program Unit

Enclosure(s)

cc: Genny Fleming
Office of County Health Services
Department of Health Services
1800 3rd Street, Room 100
Sacramento, CA 94234-7320